

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-89)						SERIAL NO. <i>658209</i>	FILING DATE		
						APPLICANT			
						CLAIMS			
CLM.	AS FILED		AFTER 1st ALLOWANCE		AFTER 2nd ALLOWANCE		CLM.	O.F.	O.P.
	EKO.	O.P.	EKO.	O.P.	EKO.	O.P.			
1	1						61		
2							62		
3							63		
4							64		
5							65		
6							66		
7							67		
8							58		
9	1						68		
10							69		
11							60		
12							61		
13							62		
14							63		
15	1						64		
16		1					65		
17							66		
18							67		
19							68		
20							70		
21							71		
22			1				72		
23		2					73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
							TOTAL		